## APPLICATION FOR TENANCY

NAME MR/MS:	PHONE NUMBER:								
SOCIAL				DRIVE	R'S				
SECURITY #:		DATE OF B	IRTH:	LICENS	E #:	Z #:			
MARITAL STATUS:	MARRIED	SEPARATED	WIDOWED	DIVORCED	O How Long?	_ SINGLE			
				Maiden	Name				
(S	Show former s	spouse if divorce	d or separated)						
SPOUSE'S SOCIAL SECURITY #:			USE'S E OF BIRTH: _		OUSE'S EIVER'S LICENSE #: _				
PRESENT ADDRES	S:			НО	W LONG? From:	To:			
	number	street	city state	zip code					
LANDLORD OR MORTGAGE HO	LDER:		_ PHONE #: (	)	PAYMENT or MONTHLY R				
PREVIOUS ADDRE	SS:			HOV	V LONG? From:	To: _			
LANDLORD	n <i>umber</i>	street	city state	zip code	PAYMENT or MONTHLY RI				
PREVIOUS ADDRE	SS:			HOW	LONG? From:	To:			
LANDLORD					PAYMENT or MONTHLY R	ſ			
CURRENTLY EMPLOYED BY:			_ ADDRESS: _		PHONE #:				
POSITION:		SUPERVISOR	÷	НО	HOW LONG? From: To:				
GROSS MONTHLY S				THAN ONE Y	<u>EAR)</u>				
EMPLOYED BY:			ADDRESS:		PHONE #:				
POSITION:		SUPERVISOR:		HOW	/ LONG? From:	To:			
GROSS MONTHLY S	SALARY: \$ _								
SPOUSE'S EMPLOY	YER:		SUPE	RVISOR:					
ADDRESS:		_ PHONE:		POSITION:					
HOW LONG:	MONTH	LY SALARY: \$	0	THER INCOM	IE: YES NO				
SOURCE OF OTHER	INCOME:								
GROSS DOLLAR AN					MONTH				

## ${\bf CHARACTER\ REFERENCES:\ NAME\ OF\ NEAREST\ RELATIVE\ (other\ than\ spouse)}$

l									
name	relationship			city	state	phone #	phone #		
2 name		relationship		city	state	phone #			
BANK REFER BANK NAME:				CHECKING	G ACCOUNT #	:			
ADDRESS:	SAVINGS ACCOUNT #:								
CREDIT REFERENCES	ADDRES	ADDRESS		T NO.	MONTHLY PAYMENT		PRESENT BALANCE		
CEI EKEI VEED	ADDRES	ADDICESS		T NO.	TATIVILIVI	DI XLI	BIEIN (CE		
							_		
f you are responsible fo	r child support, a	limony or main	tenance paymer	its indicate amour	nt \$	<u> </u>	_ month year		
Auto Make Mod	lel Year	License No. I	Date Purchased	Monthly Payme	nt Balance Fin	nanced by	Account No.		
GETTING MARR ROOMMATE MC PETS YES NO	VED LIVII	NG AT HOM	CED OR SEP IE JOB TR LESS SPEC	ANSFER M	ICER APARTI OVING FROM PPROVED B	I ANOTHER	AREA		
A. HOW DID YOU OTHER	J LEARN ABO			SPAPER Y	ELLOW PAGE	ES SIGN	A FRIEND		
	REQUIRED? ROOMS		NCY GAR	DEN TOWN	NHOUSE				
THE FOLLOWING	G OCCUPAN	TS (AND NO	OTHERS)	ARE TO OCC	CUPY SAID A	PARTMENT	' <b>:</b>		
DATE OCCUPANC	Y IS TO BEG	IN:		_					
HUSBAND (NAME	/BIRTH DAT	E):							
WIFE (NAME/BIRT	H DATE):								
CHILDREN (NAME	E/BIRTH DAT	E):			AGES:				
OTHER (NAME/BII	RTH DATE): <sub>-</sub>		·	A	AGES:	·			
ADDRESS OF UNIT	Γ:								
Signed: X	nnlicant		Signe	d: X		Date	<b>:</b>		